MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04889

4920 CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover
STREET ADDRESS (If rural give location) R.F.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) HEZEKIAH (Middle) (Last) BRADSHAW

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 4, 1883

9. AGE Last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (even if retired): waterman and farmer

10b. KIND OF BUSINESS OR INDUSTRY: for himself

11. BIRTHPLACE (State or foreign country): Tylerton, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas W. Bradshaw

14. MOTHER'S MAIDEN NAME: Rachael Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: R.F.D. # 1 Percy H. Bradshaw— Westover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dil. of Heart - Coronary Occlusion. — Interval Between Onset And Death: 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Int. Nephritis - Chronic myocarditis — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis — year

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1954, to May 21, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 1:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Coulbourn M D ADDRESS Marion Sta. Md DATE SIGNED 5-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF May 23, 1954 NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR May 22, 1954 REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

RECEIVED
MAY 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04890

4921

CERTIFICATE OF DEATH

Reg. Dist. No. Marksman 260

1. PLACE OF DEATH: Somerset COUNTY Md. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chance Md.
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: Md STATE Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chance
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Tomashia (Middle) (Last) Sale
4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.
8. DATE OF BIRTH: 1883
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Chance
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Soberial Wright
14. MOTHER'S MAIDEN NAME: Tomashia Wright

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: William Wright Salisbury. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

585X

Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset And Death: 4 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Cholecystitis — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Ap 20, 1954, to May 14th, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 8:00 pm, from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman (Degree or title) ADDRESS Princess Anne Md. DATE SIGNED 5.15.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 16, 1954
NAME OF CEMETERY OR CREMATORY Chance Cem
LOCATION (City, town, or county) Chance (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5/15/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR Booker M. West Salisbury. Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1954
BUREAU V. S.

Film#G165 Item# 9
5/11/54 emf

4922

MARYLAND STATE DEPARTMENT OF HEALTH

04891

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; LENGTH OF STAY (In this place) 30 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Gillett

4. DATE OF DEATH: (Month) May (Day) 2, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Sept. 17, 1897

9. AGE Last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Accomac Co., Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alex Holden

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William Gillett - Princess Anne, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial failure -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute coronary disease — Interval Between Onset and Death: 30 Minutes

(c) Had chronic heart disease for several Month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. L. Johnson M.D. (Degree or title) ADDRESS, Princess Anne, Md DATE SIGNED May 4. 1954

23. BURIAL CREMATION REMOVAL (Specify): Buried | DATE THEREOF: May 5, 1954 | NAME OF CEMETERY OR CREMATORY: House of Jacobs Cem. | LOCATION (City, town, or county) (State): Chance, Maryland

DATE REC'D BY LOCAL REG. 5/4/54 | REGISTRAR'S SIGNATURE: R. L. Johnson, M.D. | 24. FUNERAL DIRECTOR: William H. Jones Jr. | ADDRESS: Princess Anne Md

Roll N

RECEIVED
MAY 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04892

4923 CERTIFICATE OF DEATH

Reg. Dist. No. 262

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) Pocomoke, Md.

3. NAME OF DECEASED: (First) Mary (Middle) E. (Last) Johnson
4. DATE OF DEATH: (Month) May (Day) ,20 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Col.	Married	Feb. 14, 1881	73 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Martin
14. MOTHER'S MAIDEN NAME: Catherine Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT, & ADDRESS: Vergie Cattman Pocomoke, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Uremia	
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Nephrosclerosis	
	(C) Arteriosclerotic Heart Disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6/54, 19..., to 5/20, 19..., that I last saw the deceased alive on 5/20, 19..., and that death occurred at 2:30 P M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS	DATE SIGNED
Annie M. Bickford		508-5th Ave Pocomoke, Md	5/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/23/54	Finley Chapel	Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/22/54	Mrs Orville Bozman	Edgar Wharton - New Church, Va.	

RECEIVED
MAY 25 1954
BUREAU V. S.

4924 MARYLAND STATE DEPARTMENT OF HEALTH 04893

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Westover Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md.
STREET ADDRESS (If rural, give location) Somerset Heights

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Killman Jr.
4. DATE OF DEATH (Month) May (Day) 15 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 3-1937
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Day
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pocomoke Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Killman Sr
14. MOTHER'S MAIDEN NAME Genevieve Frye
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Wm. Killman, Sr. - Pr. Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Skull — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broken Neck

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 13 (CITY OR TOWN) Near Westover (COUNTY) Somerset (STATE) Maryland
TIME OF INJURY (Month) 5.15.54 (Day) (Year) (Hour) 3:20 A m.
INJURY OCCURRED While at work ☑ Not while at work ☑
HOW DID INJURY OCCUR? Automobile Accident Head on Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS Princess Anne Md DATE SIGNED
R. H. Johnson M.D. Assistant Deputy Medical Examiner May 15-1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-17-54
NAME OF CEMETERY OR CREMATORY St. Andrews Cem.
LOCATION (City, town, or county) (State) Princess Anne, Md.
DATE REC'D BY LOCAL REG. 5/17/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04894

4925

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield
LENGTH OF STAY (in this place) 10 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Broadway

3. NAME OF DECEASED: (Type or Print) (First) ALMA (Middle) (Last) LANE

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1954

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 1, 1915

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning Industry

11. BIRTHPLACE (State or foreign country): Leesburg, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick B. Campbell

14. MOTHER'S MAIDEN NAME: Rebecca M. Hargis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 142-12-9229

17. INFORMANT & ADDRESS: Ollie Lane--c/o Dembosky's Grocery- Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephritis, acute glomerular — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Alcoholism — DUE TO

(c)

Interval Between Onset And Death: unknown years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954, to May 8, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. P. Rawley M.D. ADDRESS Crisfield, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF May 12, 1954 | NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery | LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 5/12/54 | REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors--Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17
BUREAU V. S.

4926

04895 wc

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY SOMERSET MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCESS ANNE
LENGTH OF STAY (in this place) LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCESS ANNE MD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) DANIEL (Last) MADDOX

4. DATE OF DEATH (Month) 5/ (Day) 8/ (Year) 1954

5. SEX MALE

6. COLOR OR RACE NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH 2/22/1894

9. AGE last birthday 60 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY CONTRACTER

11. BIRTHPLACE (State or foreign country) PRINCESS ANNE, MD.

12. CITIZEN OF WHAT COUNTRY? U SA

13. FATHER'S NAME ASBURY MADDOX

14. MOTHER'S MAIDEN NAME HENRIETTA WATERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS ARCHERE MADDOX PRINCESS ANNE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemmorrhage	2 hrs.
Antecedent cause(s)	(b)	Hypertension	2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	Arthritis, Arteriosclerosis	1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1954, to May 8, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 9:10 A.m., from the causes and on the date stated above.

SIGNATURE B. Frank Gigante (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 5/12/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE 5/13/54

NAME OF CEMETERY OR CREMATORY JOHN WESLEY

LOCATION (City, town, or county) (State) PRINCESS ANNE, MD.

DATE REC'D BY LOCAL REG. 5/13/54

REGISTRAR'S SIGNATURE R. H. Johnson, M.D.

24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

M

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RECEIVED
MAY 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04896

4927

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 79
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 79
STREET ADDRESS (If rural give location) 220 N. Somerset Ave

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) (Last) Riggin

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 7, 1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Month 2 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Packing
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas W. Riggin
14. MOTHER'S MAIDEN NAME: Mary Sterling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-32-0069
17. INFORMANT & ADDRESS: Elsie S. Riggin, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Inanition — Interval Between Onset And Death: 3 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Nephritis — 15 years.

DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Obstruction — 24 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1952, to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 11:15 a.m. from the causes and on the date stated above.

SIGNATURE A. N. Bare (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 2, 1954
NAME OF CEMETERY OR CREMATORY Sunny Ridge Cem
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 6/1/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward J. Covington ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1954
BUREAU V

4928 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04897

Marion Station

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Marion Sta.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LEOLA (Middle) MAE (Last) STERLING

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 11-1917.
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaford
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marion Sta Md
12. CITIZEN OF WHAT COUNTRY? United State

13. FATHER'S NAME: Other Stanley Mumford
14. MOTHER'S MAIDEN NAME: Indiana Frances Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-4869
17. INFORMANT & ADDRESS: Mrs. Ranford Williams Marion Station Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
170X Immediate cause	(a) Malignant Cachexia metastasis	2 or 3 yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Metastasis in abdomen, liver	
DUE TO	Metastasis in brain	48 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: about 3 yrs ago
19b. MAJOR FINDINGS OF OPERATION: Hopkins Hosp - Carcinoma of Breast -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1954, to May 31, 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE Guy C. Buellman M.D. (DEGREE OR TITLE) ADDRESS Marion Sta. Md DATE SIGNED 6-1-54

23. BURIAL, CREMATION REMOVAL (Specify): Buried
DATE THEREOF June 3, 1954
NAME OF CEMETERY OR CREMATORY Branch Cemetery
LOCATION (City, town, or county) Marion Sta. Md - Som. Co. (State)

DATE REC'D BY LOCAL REG. 6-1-54
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR George W. Telghman - ADDRESS Marion, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 7 19..4
BUREAU V. ,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04898

4929

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Cash Corner Section

3. NAME OF DECEASED: (Type or Print) (First) RONIE (Middle) FRANCES (Last) SWIFT

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1954

5. SEX: white

6. COLOR OR RACE: female

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 13, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Tangier Island, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Pruitt

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: George C. Swift—R.F.D. Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
Immediate cause (a) Cerebral hemorrhage

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension & heart disease

DUE TO

(c) Essential hypertension

Interval Between Onset And Death
(a) 2 days
(b) 2 yrs +
(c) indefinite

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25, 1954, to 4/30, 1954, that I last saw the deceased alive on 5/30, 1954, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE Robert T. Lewis (Degree or Title) MD ADDRESS Crisfield, Md. DATE SIGNED 5/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF May 3, 1954
NAME OF CEMETERY OR CREMATORY Mariners Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 5-3-54
REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors--Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A15

5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 D4899

4918 CERTIFICATE OF DEATH Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 6th St.

3. NAME OF DECEASED: (Type or Print) (First) ESSIE (Middle) BLANCHE (Last) TAYLOR

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 7, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Matthews County, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Miles Hudgins

14. MOTHER'S MAIDEN NAME: India Caroline Jarvis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Leland Bonneville—Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1954, to May 29, 1954, that I last saw the deceased alive on May 29, 1954, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. N. Barr M. D. ADDRESS Crisfield, Md. DATE SIGNED May 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF May 31, 1954 NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 5-31-54 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04900

4919

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Potomac St.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 107 Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) MATILDA (Middle) KATHLEEN (Last) THOMAS

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 16, 1901

9. AGE last birthday: 53 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roy McCready

14. MOTHER'S MAIDEN NAME: Annie Parks

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Preston E. Thomas—107 Potomac St.- Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Carcinoma of Sigmoid

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1952

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Sigmoid

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ..., 1952, to May 15, 1954, that I last saw the deceased alive on May 11, 1954 and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE S. M. Peyton (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED May 17 1954

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF May 18, 1954 | NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery | LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 5-17-54 | REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

4930

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04901

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne — LENGTH OF STAY (In this place) 31 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS Somerset Avenue	STREET ADDRESS (If rural, give location) Somerset Avenue

3. NAME OF DECEASED (Type or Print)	(First) Lewis	(Middle) H.	(Last) Webster	4. DATE OF DEATH	(Month) May	(Day) 16,	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Dec. 17, 1891	9. AGE last birthday 62 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meter Reader	10b. KIND OF BUSINESS OR INDUSTRY Electric Co.	11. BIRTHPLACE (State or foreign country) Columbus, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME George W. Webster	14. MOTHER'S MAIDEN NAME Elizabeth Foekel						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) War I	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Lewis H. Webster - Princess Anne, Md.					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute Coronary heart disease — Few Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. H. Johnson MD (Degree or title) Assistant Deputy Medical Examiner — ADDRESS Princess Anne — DATE SIGNED May 18-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 19, 1954	NAME OF CEMETERY OR CREMATORY Manokin Presbyterian Cem.	LOCATION (City, town, or county) (State) Princess Anne, Maryland
DATE REC'D BY LOCAL REG. 5/19/54	REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr	24. FUNERAL DIRECTOR Levin R. Wilson	ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 20 1954
BUREAU V. S.

04902

4931

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 360

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Home in Romby
STREET ADDRESS (If rural, give location) Office in Princess Anne.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Bravard (Last) Whaley MD.
4. DATE OF DEATH (Month) May (Day) 15 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 13 1901
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician
10b. KIND OF BUSINESS OR INDUSTRY Gen. Practice
11. BIRTHPLACE (State or foreign country) Berlin, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas James Whaley
14. MOTHER'S MAIDEN NAME Emma Katherine Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. War II
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Peter Whaley - Selbyville, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816X

Immediate cause (a) Crushed Chest. Internal Injuries. — INTERVAL BETWEEN ONSET AND DEATH: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture left leg.

(c) Shock

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 413 (CITY OR TOWN) Near Westover (COUNTY) Somerset (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-15-54 3:20 A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile Accident Head on Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS Princess Anne, Md DATE SIGNED

R H Johnson MD Assistant Medical Examiner May 15-1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-17-54
NAME OF CEMETERY OR CREMATORY Whaley Cemetery
LOCATION (City, town, or county) (State) Whaleyville, Md.

DATE REC'D BY LOCAL REG. 5/17/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR Peter Whaley ADDRESS Selbyville, Del.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
MAY 19 1954
BUREAU V. S.